

**AMENDMENT TO AGREEMENT**

Attachment # 1  
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This Amendment to the Agreement dated October 15, 2002 is entered into this 21st day of September, 2004, by and between Leon County, Florida, a charter county and political subdivision of the State of Florida, hereinafter "County," and MAXIMUS, Inc., hereinafter "Contractor".

**WITNESSETH**

For and in consideration of the mutual covenants, restrictions, and promises set forth herein, the sufficiency of which is hereby acknowledged, County and Contractor do hereby agree as follows:

1. Both County and Contractor executed into an Agreement dated October 15, 2002. The Agreement allows for renewals for up to four (4) additional twelve (12) month period beyond the initial contract period. The parties hereby agree to extend the Agreement dated October 15, 2002 to September 30, 2005.
2. The total cost for all the services provided to the County contract shall be \$13,000.
3. The Contractor agrees to develop a Full Cost Plan, an OMB Circular A-87 Cost Plan and a Risk Financing Cost Plan.
4. Draft plans will be delivered to the County no later than January 10, 2005. Final plans shall be delivered no later than February 14, 2005.
5. All other provisions of the October 15, 2002 Agreement not in conflict herewith shall remain in full force and effect.
6. This Amendment to the Agreement dated October 15, 2002, shall become effective upon full execution hereof by both parties.

IN WITNESS WHEREOF, the parties evidence their agreement through the execution of this AGREEMENT by their duly authorized signatories.

**CONTRACTOR**

WITNESS: \_\_\_\_\_ BY: \_\_\_\_\_  
President

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

**(CORPORATE SEAL)**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

By \_\_\_\_\_ of \_\_\_\_\_  
(Name of officer or agent, title of officer or agent) (Name of corporation acknowledging)

a \_\_\_\_\_ corporation, on behalf of the corporation.  
(State or place of incorporation)

He/she is personally known to me or has produced \_\_\_\_\_ as  
(type of identification)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

\_\_\_\_\_  
Title or Rank

\_\_\_\_\_  
Serial Number, If Any **3**

LEON COUNTY, FLORIDA

BY: \_\_\_\_\_  
Jane Sauls, Chairman  
Board of County Commissioners

DATE: \_\_\_\_\_

ATTEST:  
BOB INZER, CLERK OF THE COURT  
LEON COUNTY, FLORIDA

By: \_\_\_\_\_

APPROVED AS TO FORM:  
LEON COUNTY ATTORNEY'S OFFICE

By: \_\_\_\_\_  
Herbert W.A. Thiele, Esq.  
County Attorney